Standard Form Form pr Comptroller Soptem (Gen. Reg. No. (Amended Fo	No. 1034—Revised escribed by General, U.S. ber App POVE 51, Supp. No. 11) bruary 20, 1952)	d For Belease 2	JICHER EQR I	ZURCHAS AN PERS	ES 4-0 ONA	360R		000101	22-0						
U. S. COST	REIMBURSA	BLE					٠ 🗀	DAT	D BY	—					
T / 7		(Department, bureau													
Voucher prep	ared at		(Give place and date)	· <b></b>			mel#2								
THE UNITED STATES, Dr., Payee's Account No.									SAPC 25 832 COPY 1 0F2						
To		(Paye	-\				.   1	en e	THE RESERVE						
		(raye	e)												
	(Add	lress)	(City)	<del></del>	State)										
No. and Date of Order	Date of Delivery or Service	(Enter description, item	CLES OR SERVICES a number of contract r information deeme	upply	QUANTITY	UNIT PRICE  Cost Per		AMOUNT Dollars Ct							
		Cost							782	.90					
PAYMENT:  Complete  Partial  Final		Use continu	nation sheet(s) if nece	sar <b>y</b>											
Shipped from	t	o Weig	<del></del>	Government l		1		Total	782	.90					
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Per Contract No. 🛕	-101	Date	Req. No.			Pate		nvoice Rec'd	•						
Pursuant to autho	rity vested in me, l	certify that this account is c	orrect and proper for	payment.											
† Approved for \$.			SIGN	†		(Authoriz	ed Certifyi	ng Officer)							
Ву			ORIGINAL ONLY	Title											
Title		*****		Date											
		IIS FORM MUST BE EXECUTED WHEN		· · · · · · · · · · · · · · · · · · ·											
	ACCOUR	TING CLASSIFICATION (A	Appropriation Symbo	ol must be sh	own; oth	er classificat	ion option	nal)							
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Paid by Check 1		, on	, 19, for \$				on Treasurer of the United States in favor of the payee named above.								
	is signed or receipted yor Apperove y, perturn smith, eartify and authority a approving officer w	in the name of a company or compa					(Sign original		<b>22-0</b>	-6					

Standard Form No. 1035a—Revised

Form prescribed by

Comptroller Applicated For Release 2006/04/11 CIA-RDF64-00360R00060001032ANDUM

(Gen. Reg. No. 51, Supp. No. 11)

Services Other Than Personal

CONTINUATION SHEET

	D-44		ADTIO	LES OR SERV	VICES.			UNIT	PRICE	AMOUN	r
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